

- ☐ **FAMILY – 6 or less**  
☐ **GROUP – 7 to 12**  
☐ **CENTER**

**CHILD CARE APPLICATION**  
Office of Children and Adult Licensing  
Michigan Department of Human Services

**FOR DHS USE ONLY:**

License Number:

Paid Amount:

Cashier:

☐ **ORIGINAL**   ☐ **RENEWAL**   ☐ **OTHER**

OFFICE:

Consultant/Staff:

**COMPLETE FOR ALL APPLICANTS**

Applicant Name (Last, First, Middle, Former or Maiden)			Social Security Number or Federal ID Number		
Applicant Name (If Joint)			Social Security Number		
Address (Street Number and Name)			Telephone Number (   )		County
City	State <b>MI</b>	Zip Code	E-mail Address		
Have You Been Previously Licensed/Approved/Registered To Care For Children Or Adults? <input type="checkbox"/> No <input type="checkbox"/> Yes   If Yes, License No. _____					
Are You Currently Licensed/Approved/Registered To Care For Children Or Adults? <input type="checkbox"/> No <input type="checkbox"/> Yes   If Yes, License No. _____					
Have You Applied For Any Other License/Approval/Registration To Care For Children Or Adults? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Have You, Or Has Any Person That Will Be Assisting In The Care Of Children Or Living In The Child Care Home:					
• Been Convicted of an Offense Other Than A Minor Traffic Violation?			<input type="checkbox"/> No <input type="checkbox"/> Yes		
• A History Of Substantiated Abuse Or Neglect Of Children Or Adults?			<input type="checkbox"/> No <input type="checkbox"/> Yes		

**COMPLETE FOR CHILD CARE CENTER ONLY**

Facility Name			Corporate Name/Sponsoring Organization Name		
Address (Street Number and Name)			Address (Street Number and Name)		
City	State <b>MI</b>	Zip Code	City	State <b>MI</b>	Zip Code
Telephone Number (   )	County		Telephone Number (   )	County	
Applicant's E-mail Address			Sponsoring Organization's E-mail Address		
<b>Auspices Status (Check One)</b>	<input type="checkbox"/> Local Government <input type="checkbox"/> County Government	<input type="checkbox"/> State Government <input type="checkbox"/> Community College	<input type="checkbox"/> State College/University <input type="checkbox"/> Public School	Send Mail To: <input type="checkbox"/> Center <input type="checkbox"/> Applicant	Corporate Status (Check One) <input type="checkbox"/> None <input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit
<b>Non-Governmental (Check All That Apply)</b>	<input type="checkbox"/> Church <input type="checkbox"/> Privately Owned	<input type="checkbox"/> Parent Cooperative <input type="checkbox"/> Employee Sponsors	<input type="checkbox"/> Private Funded Comm. Org. <input type="checkbox"/> Private School/College		

**COMPLETE FOR ALL APPLICANTS (Checked Boxes confirm statements have been read)**

<input type="checkbox"/> I have reviewed Act No. 116 of the Public Acts of 1973, as amended, and the Administrative Rules regarding the operation of the child care organization indicated above, and if granted a license, certificate of approval, or certificate of registration, agree to comply with the Act and Rules <input type="checkbox"/> In order to permit a proper determination of conformity with the rules, I give permission to the Michigan Department of Human Services to make a necessary and reasonable investigation of activities and standards of care and to make an on-site inspection of my facility and services. <input type="checkbox"/> I agree not to care for more children at one time than my licensed capacity states. <input type="checkbox"/> I certify that I have a high school diploma, GED certificate or equivalent (new family/group home applicants only; effective January 1, 2006).	<input type="checkbox"/> I hereby certify that I will notify the Department if 1 or any member of my household; or any person caring for children, has been arraigned for an offense specified in MCL 722.115(e), MCL 722.115(f) or has a history of substantiated child abuse or neglect. <input type="checkbox"/> I am aware of the legal provision that to operate a child care organization without a license constitutes a misdemeanor as stated in Act No. 116 of the Public Acts of 1973, as amended, Section 15. <input type="checkbox"/> I certify that any information I give in respect to the Department's investigation will be, to the best of my ability, true and correct. <input type="checkbox"/> I give permission to the Michigan Department of Human Services to contact persons, including those I give as references, in order to determine if I am in compliance with the Act and the Rules.	
Applicant/Representative Signature (If Corporation, Must Be Signed By Authorized Person.)	Title	Date
Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.		AUTHORITY: Act No. 116 of the Public Acts of 1973, as amended COMPLETION: Required PENALTY: No license will be issued.